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SOCIAL WORK STUDENTS' EXPERIENCE AND MANAGEMENT OF COUNTERTRANSFERENCE

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Abstract

Countertransference – the emotional reactions that clients trigger in practitioners – can, if not understood or managed, result in unethical conduct and harm to clients, practitioners and the profession. A solid understanding of countertransference theory, insight into one's own countertransference reactions, and skills in managing countertransference appropriately are vital components of ethical and effective social work practice. This paper reports on a small qualitative study among undergraduate social work students. Results reveal that countertransference is indeed experienced by students, but poorly understood and sometimes inappropriately managed. Recommendations for social work education, field instruction and supervision are provided.

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INTRODUCTION

Countertransference refers to the inner emotional reactions of a social worker (or any helping person) to a client (Lemma, 2003:233). Countertransference emerges at the intersection between the vulnerabilities of the client and the vulnerabilities of the social worker – it is a product of the helping relationship and thus lies "at the heart of the helping process" (Agass, 2002:125). Whether or not workers practise psychodynamically (which refers to the theoretical school that gave birth to this construct), and whether or not they are aware of their countertransference, countertransference is present in all helping relationships, at micro, mezzo and macro levels of practice (Liegner, 2007:277). The question is less about whether countertransference is experienced and more about how it is understood and managed (Burwell-Pender & Halinski, 2008:43).

While many authors (e.g. Agass, 2002:125; Edward, 2009:19; Etchegoyen, 1991:265; Ornstein & Ganzer, 2005:568) argue for the helpfulness of countertransference in the helping process, by giving subtle clues and insights into the client's history and relationship patterns, countertransference also can generate "blind spots" that have the potential to elicit untherapeutic and even counter-therapeutic reactions from workers (Etchegoyen, 1991:266). This is particularly so when the practitioner is unaware of countertransference theory or unaware of their own emotional reactions to clients (Burwell-Pender & Halinski, 2008:42). In such instances, the worker may respond with conduct that is not in the interests of the client, such as getting angry at a client, getting involved in a sexual relationship with the client, or prematurely terminating the helping relationship. Such responses constitute unethical conduct and are thus of significant concern (Burwell-Pender & Halinski, 2008:43).

The authors' experience as social work educators, supervisors and practitioners has taught them that countertransference is a common but poorly understood and managed experience among undergraduate social work students. We saw that students who experienced countertransference were often bewildered by and ashamed of the experience. At the time of this study, countertransference was not addressed anywhere in the BSW programme at the University of Johannesburg (UJ).

In the light of this, we undertook a study to investigate third-year students' experience and management of countertransference. This paper presents the results of this study. These results have important implications for the theoretical education of BSW students as well as for good supervisory practice in field instruction. Several of these recommendations have been implemented at UJ over the past two years and will be discussed in the conclusions.

THEORY OF COUNTERTRANSFERENCE

The term "countertransference" first appeared in 1910 in Sigmund Freud's *The Future Prospects of Psychoanalytic Therapy*. Here Freud (1910:289) conceptualises countertransference as a neurotic reaction in the worker, evoked by the client. He regards it entirely negatively – it is the result of unresolved complexes in the worker. This requires extensive psychoanalysis of the worker to rid the worker of all neurotic complexes, so that the worker can be a 'blank canvas' onto which clients can transfer their own complexes. Failure to succeed in this personal analysis disqualifies the worker from practising as a therapist. Despite this negative view, the concept of countertransference helped psychoanalysts to recognise the contribution of the unconscious processes of not only the client but also the therapist to working in the here-and-now (Lemma, 2003:234).

Around the middle of the twentieth century the understanding of countertransference expanded significantly (Hinshelwood, 1994:151). In 1950 Paula Heimann defined countertransference as including "all of the feelings which the analyst experiences toward the patient" (as cited in Southern, 2007:283). Countertransference was redeemed and recognised as having much greater application than Freud has considered. Heimann, ten years later, wrote that the therapeutic relationship is "not the presence of feelings in the one partner and their absence in the other" (as cited in Hinshelwood, 1994:152). As such, even empathy can be regarded as a mild and benign form of countertransference.

Gelso and Hayes (1998:82) call this broader definition – which is seen in response to the client and which recognises all of the worker's reactions and feelings, conscious or unconscious, positive or negative – the "totalistic" definition of countertransference. This view normalises the worker's feelings and views them as greatly beneficial to the counselling work in understanding the internal world of the client. "All [workers], by virtue of their humanity, have unresolved personal issues that stimulate countertransference reactions at least occasionally" (Gelso & Hayes, 1998:95).

The relational understanding of countertransference, in which there is a push-pull interaction between the client's and worker's unresolved conflicts, is today perhaps most prominent (Gabbard, 2001:984). "Contemporary relational theory views countertransference as central to treatment and inevitable and unavoidable in every therapeutic situation" (Ornstein & Ganzer, 2005:568). Countertransference experiences almost always entail a blend of the client's issues and the worker's issues, in the kinds of messy interactions that are typical of all human relationships. Such an approach normalises countertransference, reducing shame and increasing the ability of the worker to think about and utilise the countertransference to the client's benefit.

In teaching students about countertransference, and consonant with the notion of countertransference as a 'hook' (Sedgwick, 2013:108), we have used the following analogy:

- Imagine that you have cup hooks sticking out of your body. Lots of cup hooks. Each hook is something about who you are and what you have experienced. There are hooks for your gender, race, weight, education and town of origin. There are hooks

for your experience of growing up with a single mother, molested by an uncle, conversion from Christianity to Islam, and being involved in a peace movement. There are hooks for your tendency towards impatience, your attention to detail and your dislike of nail biting;

- As you work, your client is constantly throwing out little lassoes – strings with a loop at the end. The client throws them your way the whole time, unconsciously of course. Sooner or later, their string is going to hook onto one of your hooks. When that happens, the client ropes you in, establishing a connection, a relationship. That's a good thing – though this activation of your hook might also bring some difficulties for you and the client;
- Not only you, but also your client has hooks for all of their characteristics and experiences. And you yourself are also throwing out strings and making connections. The whole helping relationship involves these unconscious connections, tapping into both our and our client's vulnerabilities and strengths. We call this transference and countertransference. It is normal and healthy, helpful and risky.

Gelso and Hayes (1998:96) have formulated a process model of countertransference, describing how it unfolds in the helping relationship: (1) The worker comes into the helping relationship with her/his own unresolved, personal issues – these are the hooks mentioned above. (2) Something happens in the helping relationship, during the session or perhaps afterwards (e.g. when writing one's notes). This could be something the client says or does. (3) The worker makes a (typically unconscious) link between the event and her/his own issues – the string and the hook connect. (4) This link triggers an internal reaction in the worker, which is the countertransference reaction. This could be affective, cognitive or somatic, such as feelings of anger or anxiety, thoughts about one's own unworth or a sexual fantasy, or experiences of nausea or a headache. (5) The internal countertransference reaction may be acted out as countertransference behaviour, such as loss of concentration, ending a session early or extending it beyond the contracted time, yawning or becoming sleepy, being too supportive or critical, or reprimanding the client.

The first four steps of this model are commonplace – the relational model of countertransference (and the hook and string analogy) explains that such connections are normal in all relationships (Liegner, 2007:285) and facilitate genuine connection between individuals – indeed, some argue that countertransference (in the totalistic sense) is a necessary precondition for empathy (Orange, 1993:255). The key challenge of countertransference comes between steps 4 and 5. This requires the worker to have self-awareness of the countertransference reaction in step 4, which in turn requires insight into the worker's vulnerabilities from step 1. In addition, it requires self-management skills to regulate the countertransference reaction without enacting it.

Another process model for managing countertransference is provided by Cabaniss (2011:236-239). The first stage begins with careful listening to oneself. The worker listens to and monitors her/his feelings in relation to the client, listening for uncommon or particularly strong emotions. The worker monitors her/his behaviour towards the

client, again looking for behaviour that is uncommon for her/him or inappropriate. And the worker listens for feelings in her/himself that are similar to those of the client. Second, the worker reflects on the meaning of whatever is revealed by the listening, making sense of the responses and sitting with the ambiguity of where these responses originate. Third, in the light of this understanding, the worker selects the most appropriate helping response. This could be to disclose the countertransference feeling or to keep it to oneself; to discuss the countertransference with one's supervisor or mentor; to shift one's behaviour in the light of the insights gained; to translate the countertransference feeling into an empathic response; or to interpret the countertransference to facilitate insight.

Gelso and Hayes (2007:94-101) outline five crucial skills for managing countertransference: (1) self-integration – having a unified and basically intact self with secure ego boundaries; (2) insight into one's vulnerabilities, blind spots and assumptions; (3) anxiety management skills to recognise, tolerate and modulate the anxiety that countertransference typically evokes; (4) empathy that enables one to remain connected with the client and the client's emotions, while processing one's own feeling; and (5) conceptualisation skills that enable one to make sense of the countertransference experience within an explanatory framework.

While all workers experience countertransference, undergraduate social work students are particularly vulnerable when it comes to countertransference for a number of reasons. First, many students come into BSW programmes with significant levels of unresolved trauma (Schenck, 2008; Van Breda, 2013; Wade, 2009) – they have many hooks that can be activated. This resonance and over-identification with clients increases the likelihood of the development of a complex countertransference reaction (Canfield, 2005:83; Watkins, 1985:357). Second, as novices in social work, undergraduate students may lack several of the skills for managing countertransference. For example, they may lack self-integration and insight into their own vulnerabilities. Third, in the absence of solid teaching on countertransference, students lack the conceptualisation skills to make sense of their countertransference. Fourth, if supervisors are similarly uninformed about countertransference, the levels of shame may increase in the student (Sarasohn, 2005), resulting in greater hiding and avoidance of the countertransference, which increases the likelihood of acting out.

RESEARCH METHOD

Because of the lack of research on countertransference among social work students, the study was exploratory and qualitative in nature. The study was informed by interpretative phenomenological analysis (IPA) (Smith, Flowers & Larkin, 2009). IPA combines phenomenology's interest in the intricate nuances of human experience (in this case, the experience of an instance of countertransference) with hermeneutics' interest in how people make sense of those experiences (in this case, how students understood and managed their countertransference reaction, as well as how we interpreted their sense making). Through this, we hoped to achieve both a rich description of their experiences and interpretive understandings of those experiences.

The research population was all third-year social work students doing an internship at UJ. We selected third-year students because they had more experience of casework practice than second-year students, and they had more time and energy to participate in research than fourth-year students. The population comprised 81 students. The internship lecturers marketed the research and invited interested students to contact the researcher. An availability sample of 20 students signed up for the study, 13 of whom were interviewed. Because this was too many for a phenomenological study, the five richest transcripts were subsampled for analysis.

Data were collected through individual face-to-face interviews, using a semi-structured interview schedule. The schedule comprised two sets of questions. The first set focused on the countertransference experience. Participants were asked to share "an experience from counselling where your own feelings were particularly strong or uncomfortable." The question deliberately avoided the term "countertransference", because we were unsure if the students would be familiar with it. Following the in-depth sharing of the experience, we interviewed for their understanding of the experience (how they made sense of it) and their handling of the experience. The second set of questions focused on countertransference itself. Participants were asked if they knew what this experience was termed. We presented a brief explanation of countertransference theory, and then explored with them how they might have understood and handled things differently with this new knowledge.

Interviews were audio recorded and transcribed. Data were analysed using Creswell's analytic spiral (2012:182-188) in an inductive manner (Ezzy, 2002:88). After repeated reading of the transcripts, we did line-by-line coding during which similarities and differences across transcripts began to emerge. These codes were collapsed into four themes. We then wrote an in-depth, first-person narrative for each participant, articulating their experience using as many of their own words and idioms as possible. This was followed with a 'second voice' description, in our own words and more succinct, of their experiences. Through this, the themes and subthemes were refined and direct quotations were allocated to each theme.

The rigour of the research (Lincoln & Guba, 1985:328) was enhanced through deep engagement with the literature on countertransference, repeated reading of the transcripts, close collaboration and debriefing with a peer, maintaining an audit trail of the work, conducting a focus group with the same participants 11 months after data collection to verify the findings and obtain further reflection on their experience, and a reflexivity journal.

The Faculty of Humanities Higher Degrees Committee provided ethical approval of the study.

FINDINGS

All participants recounted examples of countertransference. By way of an extended example, **Ann** (a pseudonym) reported the following experience:

> *Ann was a 20-year-old female student who was working with a couple in conflict, who were struggling in in a way that were similar to that of her*

parents. Ann consciously saw this similarity as a chance to learn how to help her parents. In the beginning Ann's countertransference fantasy brought her hope and happiness to have this opportunity to make her parents happier. Ann's mother and the wife (client) shared similar behaviour, which was to cry a lot. In addition, the husband (client) did not talk in the session, which overwhelmed Ann with frustration, anger and helplessness, since she did not know how to engage him emotionally. One time Ann asked him to leave the room in order for her to regain clarity on the situation and her feelings.

Ann did recognise the phenomenon of countertransference and had an understanding of what it meant. The husband instantly reminded her of her father and this triggered very scary feelings in her. She was left feeling let down by this couple. It became more and more difficult to face these clients for each session. The lack of change frustrated and weakened Ann's confidence, because she felt she was not coping.

A process of reflection enabled Ann to recognise how over-involved she had become and that she had to be the social worker and not the daughter. Ann struggled to share her difficulties with her supervisor. The support Ann received from the students in her internship class was beneficial and essential, because it encouraged her to continue with her clients instead of giving up. As a result, Ann gained insight and understanding around her mother's behaviour as well as their relationship.

In her work with a sexually abused client, **Betty**, who was a survivor of sexual trauma at age 15, experienced strong feelings of hate and anger towards men and feelings of self-blame. She talked obliquely about this with her supervisor, asking for tips on how to handle feelings. **Casey** over-identified with a client who struggled, like Casey, with low self-confidence, inadequacy and self-doubt. This led to a loss of confidence in her ability to help the client. She did a great deal of reading and reflection on her experience, but did not share it with other students or her supervisor. **Dora** worked with a client with multiple losses (death of both parents at a young age) and rape by her grandfather. This activated Dora's grief over the loss of her mother six years previously, triggering intense feelings of abandonment and sadness, resulting in inconsolable crying after sessions. Dora knew she needed counselling but avoided it, and she had little insight into countertransference. **Emma** experienced a recapitulation of her own grief over the loss of both parents while working with an older client with brain damage and multiple losses. This elicited a rescue response in Emma. She shared extensively about all of this with her supervisor and was able to step out of the rescuer role.

The four themes that emerged through the analysis of data are: (1) the range of countertransference reactions; (2) the range of countertransference behaviours and management efforts; (3) the role of supervision in helping them make sense of and manage the countertransference; and (4) the participants' subsequent understanding of their countertransference experience.

Theme 1: Countertransference reactions

A wide range of internal responses were triggered by the counselling events. Most of these involved feelings of confusion and being overwhelmed, with a blurring of boundaries, roles and experiences: *"It felt as if she was telling my own story in a way"* (Casey). Participants reported losing empathic contact with their client, while they became absorbed in their own experiences, feelings and memories. The following are specific examples of these reactions.

Participants felt **inadequate**; like they were **failures** or **incompetent**.

> *"Session left me feeling a lot of self-doubt about myself."* This elicited feelings of ineffectiveness: *"I felt I'm not competent enough in the social work profession."* (Casey)

> *"What am I doing wrong that is not helping this couple?"* This evoked a sense of failure as *"I don't feel like I am helping them to my best."* Feelings of inadequacy emerged as *"There has been no progress ... but I didn't know how to handle it or do this [counselling]."* (Ann)

Reynolds-Mejia and Levitan (1990:60) explain how countertransference, which involves blurring and confusion, generates feelings of helplessness in the worker. This is particularly poignant for students, who often suffer from performance anxiety in internship, because their work is closely scrutinised and marked.

Feelings of **trauma** emerged in several stories, as participants recapitulated earlier, typically unresolved, traumas.

> *"I started hating men in general and it was very difficult for me to associate myself with men ... It left me feeling hate ... I just hate men. [This trauma has] left me feeling very traumatised [with feelings of] maybe we [women] deserve to be treated like this."* (Betty)

Saakvitne (2002:444) explains that when workers emotionally connect with and feel responsible for their traumatised client, and at the same time are not consciously aware of their own distress or vulnerability, it is natural to hide such awareness of their continuing traumatic experience from their client and from themselves. Maintaining openness to and balancing one's own trauma and the client's trauma is both exposing and difficult for the worker. The resultant anxiety triggers defences, causing workers to emotionally shut down, leading to emotional bluntness.

Some participants **avoided** their feelings, wanting to neither feel nor think about them, nor to talk about them with others.

> *"I don't really deal with it [my feelings] ... I just leave. Don't like to talk about myself."* (Betty)

> *"I don't like to talk to people about it [my clients] as it's confidential ... In the session [if things get too uncomfortable] I keep quiet."* (Casey)

Gelso and Hayes (2007:119) confirm that when clients discuss issues related to workers' unresolved conflicts, the reaction is often to withdraw. They suggest that avoidance

behaviour is the most frequent manifestation of overt countertransference reactions. Only once workers have come to terms with their own vulnerability and woundedness can these experiences be utilised in a modulated way, somewhere between avoidance and over-identification.

Feelings of **sadness**, **loss** and **abandonment** are common, because losses among both clients and student social workers are highly common (Van Breda, 2013:26). Sadness seemed to have surfaced notably for Dora and Emma:

> *"Sad, when I think about her [client]. I felt strong feelings that were very sad … She lost her mom … it was hectic. [Then] at 12 years old she was raped by a grandfather [which caused her to be] kicked out of the family home."* (Dora)

> *"I felt saddened that we are very lucky. I felt saddened for her as she was rejected by people."* Emma's countertransference of loss elicited a sad response as, *"I think sadness is something that occurs often. There's always a feeling of sadness. It comes about many times."* (Emma)

Emma and Dora were both able to identify their intense countertransference feelings of sadness and abandonment that emerged through their stories. A conceptual understanding of how their countertransference experience impacted on their counselling process was, however, lacking. Dora and Emma's countertransference experience was triggered by the following events:

> *"I lost my mom in 2004. It was hectic ... He [dad] doesn't even phone. I feel we don't have parents now we are orphans."* (Dora)

> *"When I was 18 years old, my dad passed away, then two years later my mom passed away … Ja [when dad and mom died] everyone was there in the beginning, but then only a handful [of family members] was left [to support me]."* (Emma)

Dora's and Emma's statements encapsulate their countertransference feelings of loss, abandonment and sadness. We can see how they encountered their own losses in the counselling of their clients, which confronted them with and forced them to relive their own unresolved loss experiences.

Feelings of **disappointment** manifest, particularly when the countertransference response involves rescue fantasies:

> *"If I could get through to him [client], I could use the same techniques on dad."* Ann's unrealistic expectation elicited a disappointed response: *"It actually felt that they were putting me through the sessions. I felt I didn't get what I wanted out of the sessions.*" Ann's countertransference created an ineffective outcome for her client: *"It didn't work. So I was really disappointed."* (Ann)

The intense blurring between Ann's clients and Ann's parents is evident here. The lack of growth in the clients, perhaps prompted by her not meeting them where they were, results in disappointment at two levels: closer to the surface she feels that she is failing

in the internship by not demonstrating effective skills, and somewhere below she feels that her parents' marriage is similarly doomed.

> *"I wanted to see things better or changed, but nothing changed … I felt they had let me down in a way. I felt let down*." (Ann)

Disappointment easily becomes **anger** and **frustration**, evidenced in both Ann and Betty:

> *"It became very, very, very frustrating. At times I felt like grabbing him [the husband who reminded her of her father] at the throat and shaking him."* (Ann)

> *"My feelings, was mainly anger and hate."* Betty's trauma elicited feelings of *"just hate men"* and *"feeling angry."* (Betty)

These feelings of anger possibly acted as a defence mechanism to protect the students from experiencing their primary feeling of anxiety. Anxiety is the most common emotional reaction when emotional vulnerabilities are touched in the counselling process. Affective states serve as cues for the worker to introspect around their origins. While a worker's anger can be used therapeutically, it is frequently harmful to the client and the therapeutic relationship, particularly when the worker is unable to apologise for inappropriate expressions of anger (Dalenberg, 2004:445).

Some students reported feelings of wanting to **rescue**, **protect** and **nurture** their clients.

> *"I felt I was so privilege and she [client] didn't have the basic things."* This evoked a sense of guilt as *"I have so much and she has to struggle so much."* This elicited a rescue response: *"The basic things she doesn't have ... it makes me think I should be helping her because I can."* (Emma)

Emma seemed to have distorted her ability to be neutral in setting appropriate boundaries, which would have contained her countertransference reaction to rescue her client. Perhaps we can understand Emma's countertransference response as originating from her late mother's needs and circumstances before she died. This may have triggered Emma's maternal reaction of needing to rescue and look after her client as she did her late parents. Protectiveness is not a therapeutic stance, however, as it limits the client's potential for growth and independence, rendering them helpless when their inner strength is not acknowledged (Gelso & Hayes, 2007:40).

Theme 2: Countertransference behaviour and management

As predicted and supported by the literature (e.g. Cabaniss, 2011:235), the findings of this study confirm that when students struggle to manage their countertransference thoughts or feelings, they may act out countertransference behaviours by becoming withdrawn, traumatised, avoidant, angry and/or overwhelmed by their client. In other cases, the student over-identifies, over-protects and over-involves, which can create feelings of confusion, helplessness and inadequacy. Such responses are common in trainee counsellors (Williams, Judge, Hill & Hoffman, 1997:396).

The students made good efforts towards **emotional regulation**, maintaining a professional stance towards their clients.

> *"But I make sure I won't cry in front of my client as it makes it worse."* (Doris)
>
> *"If I'm boiling inside and want to say something, I just calm down in the session. [I need] to calm down and be professional."* (Casey)

These responses link to the skills of suspending (or bracketing) their values, beliefs and feelings while counselling (Egan, 2014:101), as taught in internship classes. However, it leads the students to "emotionally shut down" in order to maintain the necessary "professional façade". Full management of countertransference requires processing of their internal experiences, which requires them to be emotionally present with their client, questioning and listening to what is going on inside them (Casement, 1992:29). In essence the students' professional stance will be enhanced when they work with more insight, conceptual skills, empathy, self-integration and anxiety management skills.

Crying and self-talk are two of the key ways students endeavour to regulate their emotions:

> *"I cried,"* and then *"I cried a lot,"* and then *"I broke down,"* and then *"I cried."* (Doris)
>
> *"… and tell myself they are not my parents and not to get involved."* (Ann)
>
> *"I tell myself that it is not all about me and to get on with my work."* (Betty)

Crying is for many students a helpful mechanism for catharsis, dispelling the build-up of tension, though students often find themselves crying or being tearful in the session – something that is discouraged by educators. Self-talk, however, is a most effective mechanism for emotional regulation, having the potential to support the student through the remainder of the session. It is the beginning of what Casement (1992:29) calls "internal supervision".

Some students created a **physical separation** between themselves and their clients.

> *"To get me to that point that I wanted to leave … There was a time where I had to ask him [client] to leave for a moment … He went outside so I could collect my thoughts."* (Ann)
>
> *"If it gets too much I tell them I'm going to get water... If too tense, [I] leave the room for a while."* (Casey)

Creating separations is a common behavioural manifestation of countertransference (Burwell-Pender & Halinski, 2008:47). On the one hand, it is a constructive way to get space to regulate emotions, to get perspective and to reclaim a professional stance. A short time out is probably better than bursting into tears in front of a client. However, it can harm the client who may themselves be grappling with strong emotions and conflicts, and can undermine the security of the helping relationship.

Premature termination, an extension of physical separation, is an extreme form of the avoidance behaviour described as a form of acting out a countertransference response (Hayes, 2004:29). We have had students in supervision or internship classes who have prematurely terminated with their clients (referring clients to another worker is typically

the first answer students give when asked how they will handle a tricky case), but none of the participants in this study actually terminated. Ann, however, was close to it. It took all her willpower to not terminate.

> *"I had to get all my physical and mental energy together just to walk into the office and be able to face them … [The internship class] was one thing that kept me sane and not terminating with the client."* (Ann)

Theme 3: Role of supervision

We see supervision as the combination of clinical practice, awareness, knowledge and skill which provides the space for the student to grow more comfortable in learning who s/he is and gain understanding of the interaction between self and client. A central element of good supervision is developing the student's self-awareness in order to regulate the complexities of countertransference (Bean, Davis & Davey, 2014:ix). Supervision was not an intended theme in this study, thus not part of the interview schedule. However, three of the five participants volunteered information about supervision.

Two students share their countertransference experiences or feelings with their supervisor:

> *"Sometimes I do [talk to my supervisor]. I asked him to give me tips how to work with these kids. How do you deal with it?"* (Betty)

> *"I actually did [share with my supervisor] as we had a very good relationship and I could talk to her and tell her exactly how I felt."* (Emma)

Both students suggest a positive relationship with the supervisor – Betty comfortable about asking for advice and Emma comfortable about sharing her feelings. However, the content of these discussions seemed focused primarily on debriefing and support, and not facilitating understanding of countertransference within a conceptual framework. It is acknowledged how difficult it must be for students to present as competent helpers, but at the same time expose vulnerable parts to their supervisor in order to facilitate their own professional development, gain new skills and conceptual understanding (Ladany & Friedlander, 1995). Good supervision creates containment for the student as a vital support structure and encourages and facilitates the development of a caring and objective internal supervisor (Casement, 1992:29).

By contrast, Ann said she *"couldn't talk"* to her supervisor. She lacked the confidence to expose herself. Supervision, for her, was focused on her reports, her skills and her theory, not on her emotions or herself.

Some students obtained informal supervision elsewhere, such as other social workers, other students or their internship lecturers. These relationships were perhaps safer – the power relationship inherent in supervision was absent, or these individuals were adept at created a safe holding structure within which self-disclosure was encouraged.

> *"I went to the internship class and told them about the situation so they can help me. Internship class is where we get healing, where we can share and support one another*." (Dora)

> *"Another social worker told me to tell them [my clients] …"* (Ann)

All of the participants reported the benefit of the conversation with the researcher, as providing emotional relief and as helping to shed light on their experience. For example, Casey said, *"Right now I feel a load off and feeling so much better now."*

Theme 4: Understanding of countertransference

Finally, students spoke about what they understood by the term 'countertransference'. All said that they had heard about it (probably in psychology classes), but had limited understanding of the term:

> *"Yes, I do understand it. It takes someone's feelings as your own. It's been transferred to me."* (Betty)

> *"Yes, [I have heard of countertransference, but I'm] not sure what it means."* (Dora)

Students related a sense of half-knowing that their emotional responses were countertransferential, but lacked the conceptual tools to get to grips with this sense. Casey, for example, said, *"While I was in the bath I was thinking there is a link somewhere with my client and that I should just deal with it."*

After discussing the concept of countertransference with the participants, they reported greater insight into what had happened to them. Ann, for example, said she now realised that she needed *"To separate myself from the situation and be the social worker and not their daughter trying to fix her parent's relationship."* They gained a sense that countertransference could be useful in practice: *"Yes, knowing how I feel and my client feels ... use my feelings to help her work out her feelings and keep my feelings separate"* (Emma). However, they were still unsure how to utilise this basic understanding in practice: *"I still don't know how to handle it. Can you use it?"* (Ann).

All the participants recognised that personal therapy would play an important role in helping them to track their own vulnerabilities and thus make better sense of countertransference. But they expressed a great deal of ambivalence about actually going for counselling: *"I have been thinking of going ... I feel a load off and feeling so much better now. Some days I feel that I want to go [for therapy, but] I feel so much better now"* (Casey). Here we see Casey vacillate between going for therapy and not needing to go for therapy.

DISCUSSION AND IMPLICATIONS

These findings support our hunches, namely that countertransference is widely experienced by student social workers, that it is sometimes acted out inappropriately, that it is a conflicted experience evoking anxiety and shame, that students lack the conceptual tools for making adequate sense of it, and that they either avoid discussing it with their supervisor or obtain inadequate supervision when they do. These findings also

confirm what has been read in the countertransference theory, namely that countertransference is universal even in the absence of an understanding of countertransference, that the students' own vulnerabilities serve as points of connection with the clients' vulnerabilities, and that students have limited capacity for emotional regulation (anxiety management), tend to become immersed in their own experience at the expense of the client and lack conceptual tools to make sense of the experience. In the time since these data were collected, these results have been repeatedly confirmed in our theory classes, internship classes and supervision.

Social work educators, at undergraduate level, thus have the important challenge of developing students' self-awareness into their vulnerabilities, capacity for emotional regulation and thinking, and the conceptual and theoretical tools for managing countertransference professionally. In addition, supervisors need theoretical knowledge on countertransference, the ability to create safe supervisory relationships within which students are able to risk being vulnerable and the skills to help develop the capacity of students to deal with countertransference.

At UJ, in response to these findings, we have made a number of significant adjustments to our curriculum. The first-year internship classes, which had previously provided students with an orientation to the social work profession, have been refocused on personal-professional growth. Students engage extensively in small group self-reflection activities concerning poverty, gender and loss (themes that have emerged as the most common personal challenges our students face with the most significant implications for field practice). They keep a weekly personal reflection journal (Van Breda & Agherdien, 2012), share their personal experiences in small internship classes with tutors, write an extended self-essay, and begin to think about how these vulnerabilities might impact on their professional practice. The lecturers and tutors model self-disclosure and vulnerability. And students are relentlessly encouraged to get counselling from one of the free counselling services available at or near UJ.

Student feedback on this course is that it is very hard for them to think about and feel their past hurts – mostly experiences of loss, but also various forms of trauma and violence. They prefer not to have to engage with their feelings, avoid going for counselling and employ significant defence mechanisms to protect themselves from facing their vulnerabilities. At the same time, in hindsight (often only a year or two later), they recognise how important all of this is for their personal well-being and professional development and practice.

In second year they learn about countertransference formally in a theory course on case work. Much of the theory in this paper is presented to them, with particular focus on the management of countertransference responses. Students are again encouraged to seek counselling and the lecturer again uses self-disclosure to normalise countertransference reactions and even acting out of countertransference. Students write a critically reflective essay on an actual experience of countertransference in their casework practice, which they start in second year, integrating theory, practice and self-awareness.

We are beginning to see the fruit of this in their internship practice – in greater self-awareness, deeper reflections in process notes and more professional handling of countertransference.

What we have not yet done is to develop the knowledge and skills of supervisors in facilitating student learning about countertransference. This is crucial, because theory classes have 120 students and internship classes have 25 students – neither context lends itself to in-depth work on student countertransference. Supervision remains the crucible for professional development, therefore investing in supervisors' development is critical.

In this paper we hope to have shown how common countertransference is and how potentially damaging it can be for both student and client, and thus for the profession. Managing countertransference is, ultimately, a matter of ethics. We hope that educators will take up these findings and the underlying theory and incorporate them into their educational programmes, with particular reference to the following:

- Engaging students in activities that foster self-awareness, life narratives and self-development;
- Teaching the theory and management of countertransference early in the curriculum;
- Aligning theory and internship so that early in their training students are required to do critical introspection and reflection on countertransference reactions;
- Provide training to supervisors in countertransference (including how supervisory countertransference towards the student) and encourage supervisors to enquire about the students' feelings and reactions to their clients;
- Facilitate access to free counselling services and encourage students to self-refer;
- Make use of self-disclosure to illustrate countertransference processes and reduce the shame that it frequently evokes in young practitioners.

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